

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10,594,167

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	1					
2		/					52		/				
3		/					53	1					
4		/					54	<del>1</del>					
5		/					55	<del>1</del>					
6		/					56	<del>1</del>					
7		/					57	<del>1</del>					
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14	<del>1</del>	<del>1</del>					64						
15	<del>1</del>	<del>1</del>					65						
16	<del>1</del>	<del>1</del>					66						
17	<del>1</del>	<del>1</del>					67						
18	<del>1</del>	<del>1</del>					68						
19	<del>1</del>	<del>1</del>					69						
20	<del>1</del>	<del>1</del>					70						
21	<del>1</del>	<del>1</del>					71						
22	<del>1</del>	<del>1</del>					72						
23	<del>1</del>	<del>1</del>					73						
24	<del>1</del>	<del>1</del>					74						
25	<del>1</del>	<del>1</del>					75						
26	<del>1</del>	<del>1</del>					76						
27	<del>1</del>	<del>1</del>					77						
28	<del>1</del>	<del>1</del>					78						
29	<del>1</del>	<del>1</del>					79						
30	<del>1</del>	<del>1</del>					80						
31	<del>1</del>	<del>1</del>					81						
32	<del>1</del>	<del>1</del>					82						
33	<del>1</del>	<del>1</del>					83						
34	<del>1</del>	<del>1</del>					84						
35	<del>1</del>	<del>1</del>					85						
36	<del>1</del>	<del>1</del>					86						
37	<del>1</del>	<del>1</del>					87						
38	<del>1</del>	<del>1</del>					88						
39	<del>1</del>	<del>1</del>					89						
40	<del>1</del>	<del>1</del>					90						
41	<del>1</del>	<del>1</del>					91						
42	<del>1</del>	<del>1</del>					92						
43	<del>1</del>	<del>1</del>					93						
44	<del>1</del>	<del>1</del>					94						
45	<del>1</del>	<del>1</del>					95						
46	<del>1</del>	<del>1</del>					96						
47	<del>1</del>	<del>1</del>					97						
48	<del>1</del>	<del>1</del>					98						
49	<del>1</del>	<del>1</del>					99						
50	<del>1</del>	<del>1</del>					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	3	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	26	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	29					